## Notes from DDA Listening Session #4: Easton, Maryland

## October 28, 2014

## **Family Session**

This session was one of a series in each of the four regions of the State. There were separate listening sessions for self-advocates, families and providers in each region. Across all of the meetings, a number of themes emerged. These included the following:

- A desire for more frequent and understandable communication with DDA (both in writing and in person)
- A need for improved Resource Coordination (emphasizing the skills and activities that are important to the individuals and families served)
- A concern that the system lacks trust at all levels, and a strong desire to build partnerships (between the state and self-advocates, families, advocates and providers)
- A need for improved consistency and staff capacity at DDA

The feedback at each of these sessions was thoughtful and impassioned, shining a light on the need to work together to improve the system for individuals and families.

In each session, the facilitators asked the following questions:

What things are going well?

What are challenges/barriers and/or things you would like to change?

If changes are made to the system, what are things that should be kept?

The notes below reflect the feedback from the session participants. In some sessions, the comments mainly reflect areas where improvements are needed.

Areas for Improvement:			
	DDA needs consistent, clear, correct and easy to understand information		
	Families find it difficult to navigate the different systems, and RCs are not helping them understand.		
	DDA staff need training to have consistent understanding of own policies, and RCs need to train with them so all have the same information.		
	Support brokers need training		
	There are so many programs with overlapping paper requirements that it is a huge burden on families. Recommend streamlining these wherever possible (DORS, Medicaid, DDA, etc).		

Areas for Improvement:			
	LISS changes are a challenge. Lottery and variability across state policies has resulted in some families not getting what they need.		
	There needs to be greater clarity and communication on waiting listwhat are the available services, when will individuals get services. How long, etc		
	Transportation is a huge problem, especially on the eastern shore.		
	This is both the cost of transportation and the inability to have aides accompanying individuals on rides.  - Scheduling problems,  - Safety  - Stranded people  - Challenges on Sundays and holidays.		
	Families need help understanding all of the services that they may be able to access. Need stronger RC		
	Families are frustrated when budgets are cut b/c provider cannot provide staff hours. Not a reflection of a need that changed.		
	Families are advocating for better skill development to do person-centered plans and behavior support plans.		
	There is a lack of essential behavioral health support		
	DDA has not been helpful to support people with complex needs (example provided of individual with prader willi). The supports are not provided, RCs are not skilled with the requests.		
	There is also a need for more providers able to support individuals with significant support needs		
	There needs to be creative day solutions for individuals who want to retire  - Options for services where funding does not disincentivize the option (i.e., currently residential services are not paid contemplating that an individuals will be home during the day).		
	Nurse delegation rule is posing a barrier to needed supports for individuals.		
	Need easily accessible information to support families.		
	Job training is very limited on the shore.		

Areas for Improvement:			
	Concern that the only way to get residential services is:  - Abandon individual  - Indicate that individual is a threat  - Or indicate that family is threat to individual  When individuals are in crisis, this is a bad time to make such a large life transition.		
Working well			
	Delmarva transportation is efficient		
	Chesterwye does a good job		
	Crossroads provider serves individuals with mh support needs		
	DDA pilot for benefits counseling		
	DORS as a resource		

Notes: